

# Tuttle Army Health Clinic Hunter Army Airfield, GA

## RESPECT-Mil Keys to Success

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- Mrs. Koby Ritter, RESPECT-Mil Care Facilitator (RCF)
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- Ms. Sakina Walton, Medical Support Assistant (MSA)  
• , Behavioral Health Champion (BHC)

# The Highlights

- Hiring the Right People
- The Right Place
- Communication
- Teamwork
- Grassroots Innovations
- Challenges
- Successes
- Questions

# What is Tuttle AHC?

- Tuttle Army Health Clinic (TAHC) at Hunter Army Airfield is a Primary Care Clinic housing 10 civilian providers (Medical Doctors and Physician Assistants) with basic services (lab, x-ray, pharmacy, optometry, psychiatry and dental) in the same building.
- Tuttle Army Health Clinic also houses the 3<sup>rd</sup> Infantry Division Combat Aviation Brigade providers (roughly 12) and 3 providers for the 1<sup>st</sup> Battalion of the 75<sup>th</sup> Ranger Regiment.

# Who is on Hunter AAF?

- Roughly 5,500 active duty military.
- Nearly every soldier has deployed at least once for more than 12 months; most twice or more.





# Hunter AAF History

- Hunter Army Airfield (HAAF) was formerly an Air Force Base; as well as, Savannah Georgia's original Airport.
- 45 minutes north of Ft Stewart; home for 2 of the 3 combat Brigades of the 3<sup>rd</sup> ID
- the departure/return point for all personnel going overseas.
- HAAF is also home to all companies of the 260<sup>th</sup> Quartermaster Battalion, the 224<sup>th</sup> Military Intelligence Battalion and a wide range of other service and support units.

# Hiring The Right People

- \* Command Support Essential
  - Key supporters for program implementation
    1. DCCS – Identifies primary care clinic/clinics for program implementation
    2. DCN – crucial for hiring process for RCF/MSA
  - Process for support
    1. Brief command on program
      - ⇒ Focus on essential components to complete mission
        - A. Hiring Process
        - B. Necessary Equipment
    2. Set reasonable time line

# Hiring The Right People cont'd

- Hiring process was difficult and time consuming
  - DCN facilitated hire process
  - Reviewed Job Description with Champions
  - Assisted and helped coordinate interview times

- Interview Process

- Interview panel personnel consisted of equal gender representation

- Primary Care Champion
- Behavioral Health Champion
- Administrative Personnel
- Registered Nurse
- Patient



- Each person given time to ask specific questions from their perspective

# The Right People

1. RCF qualities focused on flexibility, dedication, knowledge of military system, previous psych experience, response to job description, ease with patients
2. MSA qualities focused on computer knowledge with word, spreadsheets, excel etc.

## 3. Type of hire

- Contract vs Global War on Terrorism (GWOT) vs Government Service (GS)
  - Decision made for GS to attract more permanent hire/greater longevity
- RCF- Registered Nurse vs Licensed Practical Nurse
  - Weighted decision and RN hire was chose based on education/training

# The Right People cont'd

4. All personnel are active or former military
  - Everyone understands the “lingo” of the military
    - Chain of Command
    - PT (not just physical therapy)
    - The rank structure
    - What a deployment means
5. All have a medical background
  - Allows for understanding of associated issues
6. RCF and MSA created effective rapport with providers, clinic staff, and patients

# The Right Place

- Tuttle Army Health Clinic has all members in the same building
  - **ABSOLUTE KEY TO COMMUNICATION and TEAMWORK**
  - Allows initial “personal and face-to-face” introduction of patient to RCF and the location of the RESPECT-Mil office
    - ❖ Creates effective initial rapport between RCF and patient.

# The Right Place cont'd

- Providers are in the same building and can access the RESPECT-Mil office and other providers within a short walk



Psychiatry (on the other side of the building) is available for urgent advice and for potential Suicidal or Homicidal patients



# Communication



- RESPECT-Mil Behavioral Health and Primary Care Champions lead the charge to implement the RESPECT-Mil program
- Provide a team player environment and “open door” policy
- Care Facilitator is free to contact all providers about priority T-cons and urgent issues
  - “face to face” better than email or phone



# Communication cont'

- RCF and MSA reinforce quality assurance with patient education and progress updates to providers
- PCC & BHP perform ongoing provider re-education with informal advice about diagnosis and management
  - (re-training, cajoling, threats)

# Teamwork

- All RESPECT-Mil members are free to give input on program improvement
  - (Don't make my life any harder than I make yours)
- All Tuttle staff are asked about how they see the program working best for the Soldier
  - Including medics and front desk staff

# Grassroots Innovations

- Warn the clinic that the program is coming early. Answer initial questions of why, who, when, how, before presentation or implementation.
  - NO drive by fielding's
- Start Smart and Small
  - Pick the best “hallway” to try it out on. The most motivated screeners and doctors to work the kinks out BEFORE clinic wide implementation.
  - Those screeners become the Subject Matter Experts for the other personnel in that job position.
  - Screeners (medics and nurses) get involved and help to lead the clinic.



# Grassroots Innovations cont'd

- Individualize slides to the clinic
  - Funny videos between sections.
- Use names, faces, locations and phone numbers on business cards
- Know the audience: Aviation medics and Doctors are different than Civilian Primary Care Providers.
  - No need to teach pediatrics, or non Primary Care personnel.

# Grassroots Innovations cont'd

- Train at noon. Spend rest of that day doing the program for the first time.
  - Works out any problems.
  - Less backlog if problems.
  - Benefit of immediate experience with program methods and workflow after training.



# Grassroots Innovations cont'd

- Train everyone at the same time (or the screeners first with the providers present)
  - Ensures everyone will know what is needed BEFORE the screening forms make it to the provider.
  - Ensures the screeners understand the goal of the program and what to expect from the providers and why.
- Make sure everyone has enough materials (forms, folders, etc) at all times.
- Retrain and reinforce at end of day or the next day.

# Grassroots Innovations cont'd

- Sell it to the providers!!
  - For military providers
    - RESPECT-Mil is a Force Multiplier
      - keeps Soldiers “fit to fight”
  - For civilians providers
    - Less workload
      - non-depressed Soldiers equals less visits
  - Screeners do most of the work
    - Facilitates completion of questionnaire(s)
    - Scoring
    - Enters results into ALTHA
  - Psychiatry does the heavy lifting
    - Recommends a different medication if the situation dictates)



# Grassroots Innovations cont'd

- Reinforce to providers to choose from Depression or PTSD or both.
  - If absolute criteria not met, DON'T HESITATE TO USE CLINICAL JUDGEMENT
- Yes, there are false positives. Not everyone needs to go immediately to psychiatry or into the program.



# Grassroots Innovations cont'd

- Make sure providers understand that they can make a separate appointment to review the patients RESPECT-Mil answers

OR

- May tackle their behavioral health issue now and have them reschedule for their physical complaint
  - Ex: Knee pain disappears when their depression is just recognized and treatment offered.

# Grassroots Innovations cont'd

- For screeners
  - Place “cheat sheet” in visible locations
- Have patient fill out the forms early in the screening
  - Don't ask the questions yourself (review answers and have patient complete corresponding questionnaires)
- Annotate on the front if patient is already in the RESPECT-Mil program or receiving medications from psychiatry.
  - saves time and effort due to no need for further screening

**MEDICAL RECORD - RESPECT-MIL PRIMARY CARE SCREENING**  
For use of this form, see, MEDCOM Cir 40-20; the respondent agency is MEDCOM

TODAY'S DATE: \_\_\_\_\_

The Army Surgeon General mandates that all Soldiers routinely receive the following primary health care screen. Please check the best answer to each of the questions on this page. Enter your personal information at the bottom and return them to the medic or nurse.

**PATIENT HEALTH QUESTIONNAIRE:**

Over the **LAST 2 WEEKS**, have you been bothered by any of the following problems?

1. Feeling down, depressed or hopeless. **> or more: white form** ☐ Yes ☐ No

2. Little interest or pleasure in doing things **> white form** ☐ Yes ☐ No

Have you had any experience that was so frightening, horrible, or upsetting that **IN THE PAST MONTH**, you

3. Had any nightmares about it or thought about it when you did not want to? ☐ Yes ☐ No

4. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? ☐ Yes ☐ No

5. Were constantly on guard, watchful, or easily startled? **> 2 or more: green form** ☐ Yes ☐ No

6. Felt numb or detached from others, activities, or your surroundings? **> green form** ☐ Yes ☐ No

**PATIENT'S IDENTIFICATION** (For typed or written entries only)

NAME (Last, First, MI): \_\_\_\_\_ Unit: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Rank: \_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_ (Unit/Work): \_\_\_\_\_

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# Grassroots Innovations cont'd



- Win the patient over with sleep
  - To the Soldier insomnia or lack of sleep is one of the most frequent and troublesome complaints but is easy to treat.
  - Everybody feels better after a good night's sleep - even with nightmares.
  - Getting the patient to start sleeping builds compliance and confidence in the program and behavioral health medications.

# Grassroots Innovations cont'd

- Emphasize that antidepressants/anxiolytics

- **Don't** –



- Make you feel medicated (dopey, drowsy, stupid or unnaturally happy)
    - Make you feel indifferent about your problems

- **Do** –

- Make you feel LESS depressed or anxious
    - Allow you to better deal with what is troubling you
    - Minimize Behavioral Health and Primary Care visits



# Grassroots Innovations cont'd

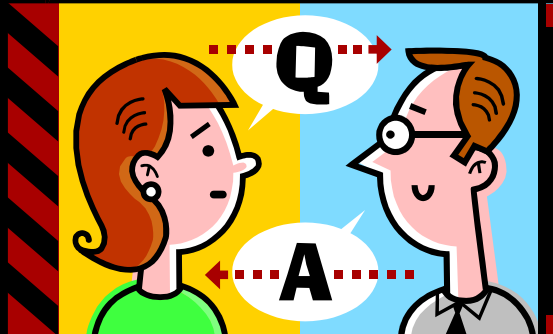
- Key Equipment for Positions

- Cell phone dedicated for RESPECT-Mil as many contact calls made outside of area and/or normal business hours
- Laptop computers for RESPECT-Mil RCF to document from work or home
- ❖ Consistent follow up with DCCS requesting these necessary tools for program implementation were KEY



# Challenges

- Retraining screeners and providers to keep the momentum and motivation
- Ensuring everyone has enough materials
  - Eliminates “we ran out of forms so we stopped screening”
- Reviewing who is not screening and ask why?





# Challenges

- “I don’t know what meds to pick...”
  - Pick one from each category and change it later if you need to
  - Utilize information guide located in “positive” folders
  - Seek BHC recommendations via your RCF
  - ❖ Paxil is not Percocet
- “Not my patient”
  - Transfer patient referral to their PCM via T-Con
  - If this was your child, you would want them to receive some kind of treatment
  - Any help is appreciated; doing nothing...gets headlines



# Challenges

- “If the psychiatrist recommends to start patient on medication, why doesn’t he just order it himself?”
  - Psychiatry is not taking over your patient; Only making recommendations.
  - You know the patient better.
  - Psychiatry supervises program.



# Challenges

- “I am not the talking doctor”
  - No, that is why the RCF can arrange for the soldier to talk to counselors, psychologists, or social workers so you don’t have to
- “I hate T-cons”
  - Would you rather see the patient during a regular appointment?



# Challenges

- “I don’t have time to talk to them about their mental issues and deal with their physical health care at the same time”
  - Many times, their physical complaint is related to their psychological issues.

OR

- Schedule another appointment to review their RESPECT-Mil answers.
  - ❖ You don’t have to do it all right now – prioritize

# Successes

- Maintains an overall 98% screening rate
- Out of 125 referrals since September 2009:
  - ⇒ 29 patients have achieved remission
  - ⇒ No self withdrawals
- No Suicidal/Homicidal attempts \*\*\*\*
- Positive patient feedback
  - 5 referrals from other patients



# Questions

